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CONFIRMATION NO. 7398

SERIAL NUMBER 10/670,467	FILING DATE 09/26/2003 RULE	CLASS 455	GROUP ART UNIT 2618	ATTORNEY DOCKET NO. GMU-03-004U
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APPLICANTS

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** CONTINUING DATA ***** *PA*

This appln claims benefit of 60/413,449 09/26/2002

** FOREIGN APPLICATIONS ***** *PA*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

** 01/09/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	VA	28	24	2
Verified and Acknowledged	Examiner's Signature <i>PA</i> Initials			

ADDRESS

28598

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TITLE

Cellular network handoff modeling

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
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